

☐ ACD Funding Program **AND/OR** ☐ TCA Funding Program ☐ Umbrella Project
☐ Category I ☐ Category II

Legal Name of Applicant Organization _____
 Umbrella Covered Entity (if applicable) _____
 Department (if applicant is Educational Institution) _____
 Mailing Address including Zip Code _____
 Street Address including Zip Code _____
 Phone # _____ Fax: _____
 E-mail _____ Federal Employer's Identification Number _____

--

ACD AWARD \$ _____ TCA AWARD \$ _____

1. ACD _____ TCA 1. _____
 2. ACD _____ TCA 2. _____
 3. ACD _____ TCA 3. _____

Check one of the following:

- ☐ There will be **NO** changes to the project as described in the original application for funding.
- ☐ There will be **minor** changes. [Explain on an attachment](#) any deviations from the project as described in the original application, including modifications due to the level of funding awarded. Projects may **NOT** be significantly altered and must conform to the intent of the original application, **including project dates and locations**.

We hereby certify that the statements contained in this report are true and correct and represent the complete accounting of this project to the best of our knowledge. NOTE: Please use **BLUE ink** for signatures, and **PRINT YOUR COMPLETE LEGAL NAME**

Date _____

Date _____

Financial Information is for

☐

ACD Funding

AND/OR

☐

TCA Funding

ROUND FIGURES TO NEAREST DOLLAR.

1. **CASH** from Prior Year(s) or Organizational Funds
Available for this Project

\$

Total Cash Available**\$0**2. **EARNED INCOME**

- a. Admission charges, subscriptions, box office
b. Concessions, sales, parking, publications, advertisers, etc.
c. Tuition, class/workshop fees
d. Contracted services (performances, exhibitions, etc.)
e. Interest on investments, endowments
f. Rental income
g. Other earned income (specify) _____

\$

\$

\$

\$

\$

\$

\$

Total Projected Earned Income**\$0**3. **UNEARNED INCOME**Mark **P** for Pending or **C** for Committed**GOVERNMENT SUPPORT (Itemize)**

- a. Local Government (**Not** including this request)
b. Hotel/Motel tax
c. Other city (**Not** Hotel/Motel tax)
d. County/Regional
e. State (**Not** TCA)
f. Funding Directly from TCA
g. Federal NEA ☐ NEH ☐ Other _____
h. Other (specify) _____

\$

P ☐ C ☐

\$

P ☐ C ☐

\$

P ☐ C ☐

\$

P ☐ C ☐

\$

P ☐ C ☐

\$

P ☐ C ☐

\$

P ☐ C ☐

\$

P ☐ C ☐**PRIVATE SUPPORT (Itemize)**

- a. Fundraising
b. Individual contributors/sponsors
c. Memberships
d. Corporations/Businesses
e. Foundations
f. Other (specify) _____

\$

P ☐ C ☐

\$

P ☐ C ☐

\$

P ☐ C ☐

\$

P ☐ C ☐

\$

P ☐ C ☐

\$

P ☐ C ☐**Total Unearned Income****\$0****CASH RESOURCES (Total of Sections 1, 2, and 3 above)****\$0****Must** equal Column A on Page 3 EXPENSES**ACD FUNDING AWARDED**

\$

Must equal Column B on Page 3 EXPENSES**TCA FUNDING AWARDED**

\$

Must equal Column C on Page 3 EXPENSES**TOTAL CASH RESOURCES****\$0****Must** equal Column D on Page 3 EXPENSES

ROUND FIGURES TO NEAREST DOLLAR

EXPENSES

	A Cash	+	B ACD Funding	+	C TCA Funding	=	D TOTAL (A+B+C)
1. ORGANIZATIONAL PERSONNEL							
If Educational Institution, please indicate if the cash match of this section is for RT (Release Time) or S&W (Salaries & Wages)							
a. Administrative _____	\$		\$		\$		\$0
b. Artistic _____	\$		\$		\$		\$0
c. Technical _____	\$		\$		\$		\$0
d. Other (Specify) _____	\$		\$		\$		\$0
e. Fringe Benefits	\$		\$		\$		\$0
Total Organizational Personnel	\$0		\$0		\$0		\$0
2. IMPLEMENTATION							
a. Fees for Outside Professional Services/Contracts							
i. Administrative	\$		\$		\$		\$0
ii. Artistic	\$		\$		\$		\$0
iii. Technical	\$		\$		\$		\$0
b. Space Rental	\$		\$		\$		\$0
c. Travel and Transportation	\$		\$		\$		\$0
d. Other (Specify) _____	\$		\$		\$		\$0
Total Implementation	\$0		\$0		\$0		\$0
3. MISCELLANEOUS OPERATING EXPENSES							
a. Equipment Rental	\$		\$		\$		\$0
b. Shipping	\$		\$		\$		\$0
c. Supplies and Materials	\$		\$		\$		\$0
d. Exhibition Rental Fee	\$		\$		\$		\$0
e. Marketing and Promotion	\$		\$		\$		\$0
f. Printing	\$		\$		\$		\$0
g. Insurance	\$		\$		\$		\$0
h. Production or Exhibit Costs	\$		\$		\$		\$0
_____	\$		\$		\$		\$0
i. Other Expenses (Specify)	\$		\$		\$		\$0
_____	\$		\$		\$		\$0
j. Other Artistic Fees	\$		\$		\$		\$0
Total Misc. Operating Expenses	\$0		\$0		\$0		\$0
TOTAL EXPENSES (Sections 1, 2, & 3 above)	\$0		\$0		\$0		\$0

*****PLEASE CHECK CAREFULLY*****

YOUR TOTALS ON PAGE 2 SHOULD BE THE SAME AS THE ABOVE TOTALS.

3-YEAR Short Form**FOR BOTH CATEGORY I AND II APPLICANTS**

The information below is for _____
 (NAME OF ORGANIZATION, DEPARTMENT OR PROJECT)

APPLICANT ORGANIZATION'S FISCAL YEAR: _____ / _____ to _____ / _____
 MONTH DAY MONTH DAY

	<u>Previous</u> Fiscal Year Actual Figures	<u>Current</u> Fiscal Year Approved Budget	<u>Next</u> Fiscal Year Projected Budget
Total Income (all sources)	\$_____	\$_____	\$_____
Total Expenses	\$_____	\$_____	\$_____
Total In-Kind	\$_____	\$_____	\$_____
Funding through City (ACD &/or TCA)	\$_____	\$_____	\$_____
Funding directly from TCA	\$_____	\$_____	\$_____

Organizations with annual operating revenues of **\$300,000 or more** applying for **Category I** must also **update** the previously submitted **3-YEAR/Long Form - Income and Expenses, (pages 10 & 11 on original application).**

If you are also applying directly to TCA for other funding categories, make sure your 3 YEAR/Long Form Income and Expenses (pages 10 – 11) are the same figures that you submit to the TCA. The TCA does a yearly audit our Direct Funding files.

Long Form totals should be transferred to the Short Form (above).

Entities of government (including government-funded educational institutions) do **not** need to complete the 3-YEAR/Long Form.

(NOT for umbrella organizations or entities of government, including government-funded educational institutions.)

THIS FORM IS FOR ORGANIZATIONS WITH MINIMUM ANNUAL OPERATING REVENUES OF \$300,000 APPLYING FOR CATEGORY I ONLY. LONG FORM TOTALS SHOULD BE TRANSFERRED TO THE 3-YEAR/Short Form on Page 4.

Organization Name: _____

INCOME

A. EARNED INCOME:

- a. Admission charges, subscriptions, box office
 b. Concessions, sales, parking, publications, advertising, etc.
 c. Tuition, class/workshop fees
 d. Contracted services (performances, exhibitions)
 e. Interest on investments, endowments
 f. Rental income
 g. Other earned income (specify) _____

Total Earned Income

B. UNEARNED INCOME:

Government Support

- a. Local government (Not this grant)
 b. Funding through City's ACD (This grant)
 (for those included as a separate line item)
 c. Hotel/Motel Tax
 d. Other city (Not Hotel/Motel Tax)
 e. County/Regional
 f. State (Not TCA)
 g. Funding directly from TCA
 h. Federal: NEA ☐ NEH ☐ Other ☐
 i. Other earned income (specify) _____

Private Support

- a. Fundraising/Benefits
 b. Individual contributors/sponsors
 c. Memberships
 d. Corporations/Businesses
 e. Foundations
 f. Restricted Funds
 g. Other (Specify) _____

Total Unearned Income

TOTAL INCOME (EARNED & UNEARNED)

Use figures for organization's fiscal year

1. <u>Previous</u> Fiscal Year Actual Figures	2. <u>Current</u> Fiscal Year Approved Budget	3. <u>Next</u> Fiscal Year Projected Budget
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$0	\$0	\$0
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$0	\$0	\$0
\$0	\$0	\$0

FOR CATEGORY I ONLY

City of El Paso ACD

3-YEAR Long Form - EXPENSES - Page 6**(NOT for umbrella organizations or entities of government, including government-funded educational institutions.)****THIS FORM IS FOR ORGANIZATIONS WITH MINIMUM ANNUAL OPERATING REVENUES OF \$300,000 APPLYING FOR CATEGORY I ONLY. LONG FORM TOTALS SHOULD BE TRANSFERRED TO THE 3-YEAR/Short Form on Page 4.****Organization Name:** _____**EXPENSES****Use figures for organization's fiscal year**

	1. Previous Fiscal Year Actual Figures	2. Current Fiscal Year Approved Budget	3. Next Fiscal Year Projected Budget
a. Permanent Staff Salary & Wages			
i. administrative (# Staff? _____)	\$ _____	\$ _____	\$ _____
ii. artistic (# _____)	\$ _____	\$ _____	\$ _____
iii. technical (#Staff? _____)	\$ _____	\$ _____	\$ _____
b. Fringe Benefits	\$ _____	\$ _____	\$ _____
c. Fees for Outside Professional Services/Contracts	\$ _____	\$ _____	\$ _____
i. administrative	\$ _____	\$ _____	\$ _____
ii. artistic	\$ _____	\$ _____	\$ _____
iii. technical and other	\$ _____	\$ _____	\$ _____
d. Space Rental	\$ _____	\$ _____	\$ _____
e. Travel & Transportation	\$ _____	\$ _____	\$ _____
f. Sub – granting	\$ _____	\$ _____	\$ _____
g. Miscellaneous Operating Expenses	\$ _____	\$ _____	\$ _____
i. equipment rental	\$ _____	\$ _____	\$ _____
ii. shipping	\$ _____	\$ _____	\$ _____
iii. supplies & materials	\$ _____	\$ _____	\$ _____
iv. exhibition rental fees	\$ _____	\$ _____	\$ _____
v. marketing & presentation	\$ _____	\$ _____	\$ _____
vi. printing	\$ _____	\$ _____	\$ _____
vii. insurance	\$ _____	\$ _____	\$ _____
viii. other (Specify) _____	\$ _____	\$ _____	\$ _____
h. Production or Exhibit costs (Specify)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
i. Other Expenses (Specify)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
j. Debt Reduction (Describe below)	\$ _____	\$ _____	\$ _____
k. Capital Expenditures/Acquisitions	\$ _____	\$ _____	\$ _____
l. Restricted Funds (Describe) _____	\$ _____	\$ _____	\$ _____

TOTAL EXPENSES**\$0 \$0 \$0****TOTAL INCOME (from previous page)****\$0 \$0 \$0****Surplus/Deficit (describe below)****\$0 \$0 \$0****EXPLANATORY NOTES: Please be sure to describe the following: Dramatic changes in line items from year to year, deficits, surpluses and other figures that may need to be explained.**